



New Hampshire Department of Safety
Division of Fire Standards and Training and Emergency Medical Services
33 Hazen Drive, Concord NH 03305 1-800-371-4503 603-271-2661 FAX: 603-271-1091

GENERAL ADMISSION APPLICATION

PERSONAL INFORMATION

Name: _____ Sex: M F SSN: ____ - ____ - ____ DOB: ____ - ____ - ____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____ Rank: _____
Department / Agency: _____ Career Volunteer/Call
Agency Phone: _____ Agency Fax: _____

COURSE INFORMATION

Course Requested: _____ CREF #: _____

Course Start Date: _____ Course Location: _____

I certify that the information on this application is correct. I agree to abide by the rules, policies, and regulations of the New Hampshire Division of Fire Standards and Training and Emergency Medical Services if I am admitted as a student. Falsification on information may result in denial of a course certificate. I hereby authorize release of any and all information concerning my enrollment in this course to the chief officer in charge or designee of my organization.

Signature of Applicant: _____ **Date:** _____

AGENCY AUTHORIZATION

I hereby authorize the above applicant to participate in the program above and, therefore, understand that the above-named individual will be covered by my organization's Worker's Compensation Insurance while participating in such training, and that the Fire Standards and Training Commission and the Division of Fire Standards and Training and Emergency Medical Services shall not be liable for any injuries sustained during such training.

This applicant is considered by my agency's standards to be physically and emotionally fit to perform firefighting evolutions without special considerations, and where applicable, to meet NFPA 1582.

Signature of Agency Representative: _____ **Date:** _____



By checking here, my agency also agrees to pay tuition upon billing from the Division and is aware of the refund policy which is located on the Division's website. <http://www.nh.gov/safety/divisions/fstems/forms.html>

PERSONAL PAYMENT INFORMATION

_____ Personal Check _____ Money Order/Bank Check
_____ VISA _____ MasterCard _____ Amer. Express

Full Name listed on Card: _____

Card Number: _____ Exp: _____

Signature: _____

STAFF USE ONLY

For further information on the Division's refund policy and dormitory reservations please refer to the Division's website.
<http://www.nh.gov/safety/divisions/fstems/index.html>